



U.S. Department of State

OMB APPROVAL NO. 1405-0088
EXPIRATION DATE: 11/30/2002
ESTIMATED BURDEN: 5 MINUTES*

AFFIDAVIT OF IDENTIFYING WITNESS

INSTRUCTIONS: See reverse side for detailed instructions.

1. APPLICANT'S NAME <i>(Last, First, MI)</i>		
2. RELATIONSHIP TO OR BASIS OF YOUR KNOWLEDGE REGARDING THE APPLICANT		How long have you known applicant? ____ YEARS ____ MONTHS
3. WITNESS' INFORMATION <i>(Last, First, MI)</i>		
Street		
City	State	Zip Code
4. YOUR PLACE OF BIRTH		YOUR DATE OF BIRTH <i>(mm-dd-yyyy)</i>
5. DAYTIME TELEPHONE NUMBER ()	HOME TELEPHONE NUMBER ()	Have you ever been issued a U.S. passport? YES <input type="checkbox"/> NO <input type="checkbox"/>
6. PASSPORT NUMBER	DATE OF ISSUE <i>(mm-dd-yyyy)</i>	PLACE OF ISSUE

NOTE: Read the following oath but do not sign affidavit until requested to do so by acceptance agent.

I solemnly swear (or affirm) that (1) I know or have reason to believe the above-named passport applicant is a citizen or national of the United States; and (2) the above statements are true to the best of my knowledge and belief.

DATE *(mm-dd-yyyy)* (seal) _____
Witness to sign in presence of Acceptance Agent

Signature of person authorized to accept application Clerk of the _____ Postal Employee/Passport Agent Location

FOR ACCEPTANCE AGENT'S USE ONLY
Applicant's signed ID document(s)/ID card(s)

Date of Issue ☐
OR
Date of Expiration ☐

1. Type of document	Number	Place of Issue	Date <i>(mm-dd-yyyy)</i>
2. Type of document	Number	Place of Issue	Date <i>(mm-dd-yyyy)</i>

Witness' identifying document

☐ Passport ☐ Certificate of Naturalization or Citizenship ☐ Driver's License

Other *(Specify)*

Issued in the name of

Date of Issue <i>(mm-dd-yyyy)</i>	Date of Expiration <i>(mm-dd-yyyy)</i>	Document Number	Place of Issue

INSTRUCTIONS

This affidavit is required **only** when the applicant for a passport is unable to establish his or her identity to the satisfaction of a person authorized to accept passport applications. **The applicant must still present some identification of his or her own.** Witness must complete items 1 through 6. Please PRINT legibly.

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS

AUTHORITIES: The information solicited on this form is requested pursuant to provisions in Titles 8, 18, and 22 of the United States Code, whether or not codified including specifically 22 U.S.C 211A, 212, 213, and all regulations issued pursuant to Executive Order 11295 (August 5, 1966), including Part 51, Title 22, Code of Federal Regulations (CFR). Also, where specifically noted, pursuant to 26 USC 6039E.

PURPOSE: The primary purpose for soliciting the information is to establish citizenship, identity, and entitlement to issuance of a US passport. The information may also be used in connection with issuing other travel documents or evidence of citizenship, and in furtherance of the Secretary's responsibility for the protection of US nationals abroad.

ROUTINE USES: The information solicited on this form is made available as a routine use to other government agencies, to assist the U.S. Department of State in adjudicating passport applications, and for law enforcement and administrative purposes. It may also be disclosed pursuant to court order. The information may be made available to foreign government agencies to fulfill passport control and immigration duties or to investigate or prosecute violations of law. The information may also be made available to private U.S. citizen 'wardens' designed by U.S. Embassies and Consulates.

Failure to provide the information requested on this form may result in the denial of a United States passport, related documents, or service to the individual seeking such passport, documents, or service.

*Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. You do not have to provide the information unless this collection displays a currently valid OMB number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State (A/RPS/DIR) Washington, D.C. 20520.

WARNING:

False statements made knowingly and willfully in passport applications or in affidavits or other supporting documents submitted therewith are punishable by fine and/or imprisonment under provisions of 18 U.S.C. 1001 and/or 18 U.S.C.1542. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under provisions of 18 U.S.C. 1543. The use of a passport in violation of the restrictions contained therein or of the passport regulations is punishable by fine and/or imprisonment under 18 U.S.C. 1544. All statements and documents submitted are subject to verification.

In accordance with 5 CFR 1320 5(b), persons are not required to respond to the collection of this information unless this form displays a currently valid OMB control number.